

FTS-OD-OAM

September 14, 2005
12:00 p.m. CDT

Coordinator Today's conference is being recorded for transcription purposes. Dr. Jackson, you may begin.

Dr. Jackson Thank you. My name is Morgan Jackson. I'd like to welcome everyone to this telephone conference call. I'm the host for the call and the NCCAM contact for the program announcement. First, I'd like to do as they do on the airlines -- have a destination check. This is a telephone conference call and application information meeting for PAR-05-152, CAM, or Complementary and Alternative Medicine, at Minority or Health Disparities Research Centers.

At this site are NCCAM staff and NCI staff. We could probably introduce ourselves; my name is Morgan Jackson.

P. Kozel Peter Kozel.

M. Klein Marguerite Klein.

K. Stoney Kate Stoney.

A. Greene Anita Greene.

J. Milner John Milner from the National Cancer Institute.

Dr. Jackson As you know, eligibility for this PAR is limited to institutions that
previously have received funding from NIH or AHRQ from an already ...

Let me ask everybody else on this conference call to please mute your telephones. I have a few opening remarks which should take about twenty to twenty-five minutes. Then, we'd have about a half hour left at the end for questions. The call is being recorded, so that a transcript will be available on the Web site at a later date.

Eligibility for this PAR is limited to institutions that previously have received funding from NIH or AHRQ for minority health research or health disparities research centers. A center is defined as an organizational entity that receives funding for research project grants and administrative cores.

We scheduled this conference call to provide general background information and answer questions about the PAR, complementary and alternative medicine research and National Institutes of Health, National Center from Complementary and Alternative Medicine or National Cancer Institute policies.

The call is scheduled to last an hour; at this point, about 57 minutes more. A transcript of the call will be posted to the supplemental information Web page associated with the program announcement.

The agenda that I'd envisioned was after the introductions and some background remarks, we would review, briefly, general grantsmanship pointers, and then I wanted to go into a little bit more detail regarding grantsmanship resources that were posted to the supplemental information Web page associated with this program announcement. It's intended to provide a range of resources for individuals who are intending to submit applications.

I wanted to talk about NCCAM policies. Marguerite Klein, as needed, will be discussing issues related to complex botanical complementary and alternative medicine research. Kate Stoney is here, who is the program

officer for mind/body research, and will be discussing, as needed, issues relating to CAM mind/body research. Dr. John Milner is from the National Cancer Institute and has a few words about NCI, National Cancer Institute interests, and then we can answer questions that people might have.

We understand that certain types of questions might be considered proprietary, and we will be available off-line as staff to answer more specific questions regarding applications later on. People are welcome to voice general questions at this point and also recognize that questions in this format will be anonymous so that people won't necessarily know who is asking the question. Hopefully, it will be beneficial to people other than those who were asking it.

That being said, I wanted to make a few comments about the program announcement in general. The initiative proposes to support basic science research projects as well as clinical research projects that relate to racial and ethnic health disparities. One of the requirements that was mentioned is that the applications will need to have a letter from the center director and that's a center funded by either NIH or AHRQ attesting to the

availability of resources from the center to collaborate on the research project.

The purposes of the initiative are to stimulate high quality preliminary studies of CAM at institutions committed to minority health research or health disparities research; increase the knowledge base regarding complementary and alternative medicine and health disparities; attract investigators experienced in minority health and health disparities research to the field of CAM, and provide a stable, scientific environment where CAM practitioners can participate actively in rigorous research.

I want to emphasize that for this program announcement, the application receipt date is the date by which applications have to be in hand at NIH. The first one is October 14th, 2005, and then annually for two years thereafter, October 16th, 2006 and October 15th, 2007.

The mechanism being used for this solicitation is the NCCAM R21 mechanism. There are two different types of R21s; one is the pre-clinical, and one is the clinical. For the pre-clinical R21, the application may request two years of support with a combined budget for direct costs of up

to \$275,000 for the two-year period. Normally, no more than \$200,000 may be requested in any single year.

For clinical R21 projects, the application may request a project period of up to three years with a combined budget for direct costs of up to \$400,000 for the three-year period. Normally, no more than \$250,000 direct costs may be requested in any single year.

I would like to ask people to be particularly aware of the review criteria in section five of the program announcement. There are specific points to which I'd like to draw the applicants' attention. Under significance, one of the review criteria will be ... Does the study address an important health disparity problem? Under investigators, there are special review criteria: Does the investigative team bring complementary and integrated expertise to the project? For clinical studies, does the investigative team include a knowledgeable CAM practitioner? For environment: Is the applicant taking full advantage of the resources at the associated minority health or healthy disparities research center? Does the application evidence synergy between the proposed project and the center's activity?

That was the brief review that I had wanted to accomplish of the program announcement in general, and would be happy to answer questions at another point. Turning to the NCCAM policies and guidance, which is the first of the documents identified as resources for applicants on the supplemental information page on the Web associated with the program announcement.

In terms of NCCAM's policies and guidance, it is particularly important for individuals submitting applications in complementary and alternative medicine to be aware of the policy and guidance regarding biologically active agents. It is very important that research on biologically active agents be reproducible. It is very important that the applicant provide evidence that dose ranging studies have been undertaken so that the reviewers can be certain that applications that NCCAM under review are using an appropriate dose. This is not only for biologically active agents, but also for other complementary and alternative medicine and interventions as well.

Complex botanicals have very specific requirements that we can address in more detail at another point, and it's also important to realize that complementary and alternative medicine from our perspective generally

does not include dietary supplements administered to redress deficiency states.

There are several documents relating to guidelines for NCCAM supported clinical trials. One, titled *Applying for NCCAM Clinical Trials Grants: Points to Consider*, points out the need for an empirical base to substantiate a plausible scientific rationale for the study. In terms of clinical trials, it is important for there to be empirical data regarding the CAM intervention being studied and there are several questions in that document which PIs need to consider regarding: characterization of the modality or the substance; whether or not there are *in vitro* or animal data available to support the rationale for the study; the importance of availability of data on safety and toxicity. I mentioned previously the importance of including dose ranging data.

It's useful for there to be efficacy data as well indicating that some benefit can be expected from use of the complementary and alternative medicine intervention. A range of design issues need to be addressed, and it's always important to include appropriate power calculations in studies relating to sample size. Many applications that we receive do not have complete information in this regard.

There is a document, *Considerations for NCCAM Clinical Trial Grant Applications*, which provides detailed information on clinical and non-clinical considerations for both botanical as well as non-botanical CAM interventions. In terms of determining dose ranges, the document, *Guidance on Designing Clinical Trials of CAM Therapies: Determining Dose Ranges*, discusses the importance of knowing the most useful dose and, there is more recent policy (discussed in *Biologically Active Agents Used in CAM and Placebo Materials--Policy and Guidance*) that the accurate or appropriate dose is required in order for NCCAM to accept the application. This document discusses such information as the optimum frequency, duration and length of sessions for non-biologicals as well as similar considerations regarding dosing for biological substances. There are specific terms of awards for clinical trial that will be associated with clinical trial projects, and the document, *NCCAM Terms of Awards for Clinical Trials*, identifies and discusses the other materials that will be needed before, during, and also after a clinical trial is undertaken; the importance of enrollment data as well as strategies to accomplish the enrollment; the importance of the data and safety monitoring plans broadly, including such necessary aspects as a pharmacy plan, a laboratory plan, an efficacy plan and a safety plan (including such things as stopping

rules; the importance of Institutional Review Board (IRB) approval; questions regarding investigational new drug or Investigational New Drug (IND) requirements; the importance of human subjects protection training for the investigators; the importance of including in the application a discussion of an accrual plan as well as the ongoing reporting requirements that NCCAM has implemented in order to assure that the project stays on track.

On the supplemental information Web page associated with the program announcement are other documents that I hope people will have time to review in detail if they have not already done so. The page on NCCAM's Website called "Grant Writing Advice" has a link to the National Institute for Allergy and Infectious Disease Website called, "All About Grants Tutorial." On that Website, there are several very useful documents.

One thing I'll say about that Website is that all of the documents on that Website have substantial detail. There are some other documents listed through the NCCAM Website, one from the National Institute of Diabetes and Digestive and Kidney Disease as well as one from the National Institute of Neurological Disorders and Stroke, that provide a more superficial overview. These documents would be more useful if reviewed

prior to going into the detail that's on the National Institute of Allergy and Infectious Diseases Website.

One document on the NIAID Website goes into detail regarding the basics of NIH grant application; another describes how to plan a grant application; a separate one discusses writing a grant application. There also are two documents, one relating to research involving animals, a second relating to human subjects research. There is an annotated R01 grant application, which is very useful to see the necessary components of a successful research project grant application. In addition, there is a link to supplemental information, which has a table -- "Frequently Asked Questions or Quick Facts on Grant Applications" -- that shows a receipt and review timeline as well as a table suggesting a preparation timeline for the grant application. NCCAM has other documents on its Website that are linked through the supplemental Web page for the program announcement such as *Tips for New NIH Research Grant Applicants*, and the documents that I mentioned from NIDDK on writing a grant application.

There is a very good document from the Stanford University Office of Research Administration that is included here because Stanford has posted

to its Website videotapes of lectures given by Dr. Anthony Coelho, the review policy officer at NIH, that are some of the best overviews of the scientific peer review process as well as grantsmanship that many people have seen.

In addition, there is a mock study section on that Website that people can view to get an idea of what a study section is like, and I finally want to call your attention to the last item on the NNCAM supplemental information Web page associated with the program announcement that has a video of peer review at NIH sponsored by the Center for Scientific Review, CSR. Although we expect applications submitted in response to this program announcement to be reviewed in-house by NCCAM and not by CSR, the process is very similar to the video that can be seen either on the Stanford Website from Dr. Coelho's lectures and mock study section or on the CSR Website.

I apologize for being long winded, but I wanted to point out to people that a wealth of resources is available on the supplemental page associated with the PAR and later on, we'll be happy to answer any questions relating to those and also receive questions after the conference call relating to the information or people's particular applications.

Are there any individuals on the conference call who were intending to submit applications on complex botanical substances.

M There is a possibility that we can think about to create a botanical collection for the grant.

Dr. Jackson I was actually talking about complex botanical products such as an extract of a plant. Since that is a possibility, we have asked Marguerite Klein, who is the program officer who deals with complex botanicals to be able to share information. If you have a specific question that you might want to ask, she could address that.

M Not at the moment.

M. Klein Just let me say some general comments. NCCAM issued two documents in late April. One is a policy document, and the other one is applicant guidance. Both of these documents relate to biologically active agents used in CAM as well as their placebos. In addition to the study of complex botanicals, these documents apply to any type of product that you may be using with the exception of homeopathic medicines. So if you are

intending to submit an application, for example, on functional foods, dietary supplements, products administered externally as well as orally, then you should be familiar with these documents.

Just very briefly, the policy document states the need for documentation of product quality in your application. The application guidance document gives you vast detail on what we want in your application. We also ask that you have a plan for testing your product throughout your project lifetime so that we can be assured that the product is what you say it is and that it's stable over the life of the project and consistent from batch to batch.

The policy document also contains information on the types of products that we will accept applications for study of, and then finally, it also addresses for clinical studies, the need for contacting the FDA about the IND application, whether or not that would be needed in your particular instance.

The applicant guidance document has a lot of detail in it. What it boils down to is you need to include a certain amount of information in your application, and we detail what that information should be. We have a new

process, and these documents are interim for about a year, so that we can gain some experience and then modify them.

What's different now is that not only do you need information in your application, but actually that information is not as much information as what we will be requesting from you after your application has been reviewed and received a score. For those applications that look like they might be in a fundable range, then we will request additional product information from you. That information will be evaluated by a working group of the NCCAM Advisory Council, and that committee will assess whether or not the information you provide documents that the product is of sufficient quality to merit support of your application.

The information will certainly contribute to whether or not we fund the application in addition to the peer review. All of this is detailed in the applicant guidance document. I'll take questions if you have any.

J. Ranganna

My name is Jasturi Ranganna. I am from Houston, Texas. I have a question on the Program Announcement. They said we can send a letter of intent.

Dr. Jackson Yes, a letter of intent is requested.

J. Ranganna If that intent has a research topic, is there anyone who can see that and suggest whether this proposal is eligible for submission?

Dr. Jackson The purpose of the letter of intent is to help us determine the review load, and I would actually suggest communication with program staff prior to submitting a letter of intent to determine whether or not the project that you're interested in undertaking might be responsive to the program announcement. Sometimes very subtle changes in the way a question is approached, or the way a question is articulated might make it more or less responsive, and so in terms of determining the responsiveness of a project to the program announcement, I would encourage direct contact with myself or other staff at NCCAM as opposed to putting that information in the letter of intent.

The letter of intent is due one month before the application receipt date, which is very close to the application receipt date. You'll want to know before then whether or not to proceed with the application.

J. Ranganna So I can get in touch with you later on?

Dr. Jackson Yes. My contact information is in the program announcement. My phone number is 301-402-1278, and there are other NCCAM staff who relate to specific areas, so I could either answer the question myself or refer you to another member of the staff.

J. Ranganna Okay, so I'll get in touch with you.

M Is the study of cancer disparities responsive?

Dr. Jackson In general, yes. I tell people is that my answer is frequently more useful the more specific the question.

M The reason I ask is because the NCI has its own Office of Cancer CAM, and so I wanted to know whether there was a political decision to exclude cancer applications?

Dr. Milner No. I'm here.

Dr. Jackson We have an NCI representative here, and if you re-read the program announcement, you will see that in several places. We indicated that cancer is one of the six health disparity conditions identified by the

Department of Health and Human Services and the National Institutes of Health for which they'd like to eliminate health disparities by the year 2010 for which reason it is a subject that is within the focus of this program announcement.

W I want to know whether they have it in cardiovascular diseases.

Dr. Jackson The answer to that question is yes. I'm going to ask that we hold further questions, so that Dr. Stoney can provide general information on mind/body applications. After Dr. Stoney shares her information, Dr. Milner from NCI will describe NCI's interests, and then we can open it up more broadly to other questions. Dr. Stoney.

Dr. Stoney Hi, this is Kate Stoney. Let me just say a few things about NCCAM and mind/body medicine, and then go over in a very brief way, a couple of pointers that I'd like to make that have specific and particular relevance to mind/body medicine. These are things that you'll want to think about if you are considering designing a mind/body medicine type of CAM intervention.

First, let me say that NCCAM does wish to continue to play an important and prominent role in supporting high quality mind/body medicine research, and in fact, it has been assigned a high priority in our strategic plan. When we talk about mind/body medicine, some examples of the kinds of modalities that we are referencing include interventions like yoga and tai-chi; meditative strategies like mindfulness-based stress reduction and transcendental meditation; and guided imagery to manage stress, for example. These are not an exhaustive list of the types of mind/body interventions that would be considered to be CAM but are exemplars.

I also would like to point out that mind/body medicine research also includes mechanistic studies on how the mind and body communicate and interact, particularly with regard to CAM modalities.

I'd now like to turn to a couple of issues that we frequently discuss with potential grantees and that do tend to come up frequently in review with regard to mind/body medicine types of interventions, and again, I would offer that if anyone wants to discuss these any further in specific regard to their particular applications, I'd be happy to talk with you via e-mail or phone. A couple of points; the first is that I think it's valuable to take a look at our Website and really evaluate, either through our Website or

through CRISP (the database of funded grants) the specific studies that are already being funded. You want to make sure when you design your studies that there's not a significant overlap with the portfolio that we already fund.

With regard to mind/body types of interventions, it's very important to carefully consider your control group. Even with smaller scale studies, it's important to expand this group often times outside of, or in addition to, a wait-list control. It is very critical to bear in mind the multi-dimensional nature of many mind/body types of interventions that are considered to be CAM and to design your study with these multiple dimensions in mind.

An example of this is that there are modalities that might include cognitive, behavioral, emotional, and attentional types of elements and depending on what aspect you are particularly interested in or that you think is particularly important for the outcome that you're looking at, you may design your study differently. I would encourage you to think of those questions early on.

We don't often think about dosing with regard to mind/body medicine, but in fact here at NCCAM we do think about dosing, and so I would

encourage you to carefully consider the dose that you're considering using with your mind/body intervention studies. Whichever dose you choose, you want to be able to support that dose, empirically if possible.

Finally, I would just like to say that it is often possible to incorporate mechanistically focused studies within clinical trials. It's not always possible, but when it is, it's considered to be attractive, and so I would encourage you to think along those lines as well. That's all I really have to say, but I'd be happy to entertain questions.

M I have one question. I was contemplating potentially using a guided imagery component. I have used guided imagery professionally for about 15 years. I've written two books on it, but in discussing this with a potential consultant who's pretty well known in this area, he said because I'm not a licensed clinical psychologist, that an NIH review committee might just kill it. I'm asking if that would be true and how to deal with that if that's the case.

Dr. Stoney I can answer generally. In general, I think it's important to have relevant expertise on your team no matter what that expertise is, so if you deem that it may be important to demonstrate expertise from a licensed clinical

practitioner, then you may want to include that person on your team. Let me ask Dr. Goldrosen who heads our office of review if he has some additional comments.

Dr. Goldrosen I would just follow-up on what Kate said and say that the onus is on you to convince the review team that you can do the work, certainly it helps to have a degree. If you don't have a degree, having a collaborator with a degree helps. Ultimately, you have to be able to convince a group of your peers that you're capable of doing what you say you propose to do.

M I guess it depends what you mean by degree. I have a psychology degree and years of practical experience using the methodology, but he was saying that it might not look sufficient if I'm not a clinical psychologist or if we don't have a licensed clinical psychologist on staff to do whatever part of it.

Dr. Stoney One thing that you may want to think about is your population that you're considering including in your investigation. If it is a clinical population with regard to mental health issues, the review committee might see that as being more critical. If it is a healthy population, it may be less important.

Dr. Jackson Dr. Milner has come from the National Cancer Institute to share a few thoughts about NCI's interests.

Dr. Milner Good afternoon, or good morning, depending on where you are. This is John Milner. I'm with the nutrition science research group in the Division of Cancer Prevention at the National Cancer Institute. I know some of you on the call, so I know that you know that we have actually had a number of initiatives that have examined a number of food components, bio-active food components in cancer prevention, and we see this as one that we're delighted to be part of because it complements our ongoing activities of reducing the risk of cancer.

This is clearly a targeted PAR with disparities, and that is something that we have not had in the past, and so again, we're delighted to be part of this initiative. Clearly, our focus is going to be on factors that are associated with the reduction in cancer risk and tumor behavior, so we're looking at it from a preventative standpoint.

We are a co-sponsor of this, but the driver is NCCAM, and so all of the requirements that are imposed are going to be the same as those NCCAM

has imposed, when it comes to standards and high quality required of products used for projects. I certainly want to endorse the comments that were made earlier about knowing what you're examining. If you don't have any idea of the bioactive component, we really are just shooting in the dark, and we can't afford that.

When it comes to our focus, we are particularly interested in mechanisms. I think many of you are aware that NCI's done that from the standpoint of molecular targets for prostate cancer prevention. NCI has done that with inflammation and colon cancer prevention. I said earlier, this announcement obviously deals with disparities, and so any aspect of it that will give us additional clues about why there might be differences in response is something that we're really going to be keying on. One can take through what I consider the whole gamut, where we can actually examine molecular targets, the impact of genes, etc.

As Morgan has already indicated, both pre-clinical and clinical applications are appropriate in response to this PAR, and obviously we would be receptive to either of those. In particular, we strongly believe that we need additional clinical studies, and so if you're going to come after something with a clinical study, we'll be very receptive to that. We

see this as an exploratory opportunity where you can at least get your foot in the door and get some preliminary data so you can come in with other types of applications or study different types of mechanisms.

Finally, I will make a comment that one of our interests these days is identifying biomarkers for not only nutritional status but also the response, and so we talk in terms of three different biomarkers. One is an exposure biomarker, and again, we use a variety of techniques in addition to 24-hour (?diary) and food frequency to get an assessment on what people are being exposed to and whether that's getting to a target tissue.

We are also very interested in the mechanisms, the target site, the activity and how that ultimately relates to a reduction in cancer risk.

Finally, and maybe as important as any of them are, what are the susceptibility factors that influence a response, such as genes, genomics and epigenomic events, but we're also talking about nutrient and nutrient interactions, and environment nutrient interactions that can modify the response. Applications, again, that come in from any of those biomarker standpoints of exposure, defect or susceptibility would be things that we would be interested in. I think that's probably enough.

- Dr. Jackson Great, thank you Dr. Milner. We can open it up to general questions if people have any.
- W Given the amount of funds you have for clinical projects would it be possible to limit a particular population as having ... population site, for instance African American and not include Caucasian Americans in that?
- W Can you repeat the question, please?
- Dr. Jackson This is the question I heard: Given funding limitations, is it possible to submit applications targeting specific subsets of the population as opposed to including broadly all population groups?
- W That's right.
- Dr. Jackson Although current NIH policy requires a cogent justification for limiting applications to a specific sub-population, the application is a document of information as well as a document of persuasion, and especially in view of NIH's policy on the inclusion of human subjects, it will be incumbent of the application to make a persuasive argument to justify restricting the study population to a given subset of the general population.

M If we're going to be submitting applications in conjunction with funded NIH minority health and health disparity center and the scope of our involvement is with specific racial/ethnic populations, I thought that one of the qualifying aspects or the eligibility aspects had to do with the fact that the applications would stem from an existing center that already focused on a particular racial/ethnic population and so by its very nature, it would seem to exclude the other racial/ethnic populations. Is that going to be a problem?

Dr. Jackson The solicitation was written to focus on conditions. Because of NIH policy, the application will need to provide cogent justification for narrowing the scope to the specific population. I don't know whether Dr. Goldrosen might have perception on that which he could share?

Dr. Goldrosen I'd have to think about it a little more. It seems to me if we're asking the applicants to submit applications from organizations that are minority institutions to begin with and yet they have a very select population that they're drawing from, it seems to me that it would be difficult for us to expect them to have broad representation when the population that they're starting with is essentially narrow in focus.

Dr. Jackson Although a minority institution doesn't necessarily have a limited purview, as the caller had indicated, the center might be targeting a specific population. Because the program announcement does indicate the need for the CAM project application to be associated with the previously funded center, linking the project to the activity of the center, from my perspective, should be an adequate justification. However, this rationale for limiting the study to a specific population would need to be articulated clearly in the application. The applicant should not assume that the reviewers will necessarily know that and be aware of it.

Dr. Kondwani Dr. Jackson, I have a question. This is Dr. Kondwani at Morehouse School of Medicine. I want to know how much interacting do you expect with the center itself? How much overlap is acceptable, or is it completely independent or how are you looking at that?

Dr. Jackson Overlap is an interesting term that generally does not have positive connotations at NIH. Is collaboration a word that might work for you?

Dr. Kondwani Yes, that's fine.

Dr. Jackson The program announcement says that the letter from the center director has to attest to the availability of resources to collaborate on the project, and so it does not, in that regard, require the collaboration, but we did want there to be the opportunity for that to occur should the circumstance arise. Does that answer your question?

Dr. Kondwani It would be nice if you could be a little more specific. For instance, we'd be working with the same patient population, or do we need a separate patient population?

Dr. Jackson The intention of the program announcement was to build on investments that National Institutes of Health and Agency for Healthcare Research and Quality have made at institutions that had demonstrated an interest in and focus on minority health and health disparities as evidenced by their being able to compete successfully for research grant funding.

We did require that the application include a letter from the center director because we didn't want to be funding research projects at institutions that were totally divorced from them. If there were a population already available to the center, it might be more efficient for a new applicant to

make use of the resources that are available as opposed to generating a new sample for the study.

Dr. Milner From an NCI perspective, I think we're interested in applications that will complement not duplicate what's already out there. I think if you come down to the question, you clearly can have the same population, but it's the question that you're going after that has to be different or else why would we want to do it? We can't give you money twice for the same activity. I also want to mention that Dr. Sharon Ross, whose contact information is included in the text of the Program Announcement, is NCI's contact for this PA and is available to answer other questions applicants may have.

W Dr. Jackson, I have a question. A lot of what has been spoken about has been biological and clinical studies, and we wanted to know to what extent behavioral and specifically qualitative studies will be funded?

Dr. Jackson Qualitative studies are identified as one of the subject areas in which we are interested in receiving applications and certainly behavioral studies are another area. Dr. Stoney was here talking about mind/body applications, and so those are all areas of interest.

The circumstances in general, as with investigator-initiated applications, the applications will be received and scored, and in general will be funded in priority order. If, of course, there are redundancies or duplicate grants that have similar scores, there might be an issue there, and programmatic considerations will be taken into account as well. In general, it's incumbent upon the prospective applicants to construct the strongest application they can for any of the areas identified in the program announcement as being areas of interest.

W What resources are available to help people with developing qualitative study proposals?

Dr. Jackson Broad technical assistance comparable to the technical assistance that would be available from program staff regarding other types of application. I don't know if that answers your question fully.

W I'm looking at the policies and guidelines that are available, and I'm not seeing anything that provides specific guidance for pre-clinical studies.

M What specifically is your concern?

Dr. Jackson I'm sorry; you were mentioning both pre-clinical as well as qualitative, and so I'm not clear.

W I guess I was thinking of a qualitative pre-clinical study.

Dr. Jackson We haven't gotten to the point of developing guidance in those areas. It doesn't mean that we necessarily are not interested in them. It just has not been a focus of attention. In fact, we've received many fewer applications regarding qualitative research. It is an area of interest, and that's the best I can say at this point. [Addendum: NCCAM has added a helpful document from the NIH Office of Behavioral and Social Sciences Research (*Qualitative Methods in Health Research, Opportunities and Considerations in Application and Review*) to the program announcement's supplemental information Web page.]

L. Colom I have a question. We have an interest in alternative medicine, and we have done projects, a small project in alternative medicine, but the question is clearly that our strength is not in alternative medicine. Most of the projects funded, they are not related. The idea, the proposal solicitation is to similarly research an understanding ... in minority

population, minority What combination are we talking about in preliminary data or fitting the studies to the project that we are involved? Do you know what I am trying to tell you?

Dr. Jackson Not entirely. I got part of it. You were asking about preliminary data.

L. Colom Yes.

Dr. Jackson The nature of an R21 developmental exploratory research project is that preliminary data generally are not required. They can be used if available. Even though preliminary data are not required, it is important that the application provide a cogent scientific rationale for the project being undertaken based on the peer reviewed medical literature.

L. Colom Thank you. You answered my question. I appreciate it.

Dr. Jackson Other questions?

A. Burke This is for Dr. Milner. This is Adam Burke. Your priorities are very clear and sound very impressive. Are you also including mind/body studies with cancer populations, or is that a lower priority?

- Dr. Milner That's an interesting question. Absolutely. This would be a very unique collaboration, and I would certainly endorse it, and I think it would be great if we could do that.
- A. Burke Super. Thank you.
- K. Amerikuni My name is Kay Amerikuni from Morehouse School of Medicine. I would like to know since this announcement was for centers with minority or health disparities per center, if you are in a clinical research center that also exists on ... campus, are you able to still apply for this grant and perhaps just collaboration with that center?
- Dr. Jackson There was a couple of words in your question that dropped out, so I'm not quite sure I got it. I'll repeat it to see if I did. It sounded as though you were asking about the ability of an entity within an institution not part of the funded center to apply to this solicitation. Is that correct?
- K. Amerikuni Yes.
- Dr. Jackson The answer is yes. The solicitation was designed to invite applications broadly from institutions at which centers were funded. We do ask,

however, that the principal investigator submitting the application have a letter from the center director at the institution. The Program Announcement does not say that you have to collaborate with the center at the institution, but the letter has to assure the support of the center and the availability of the resources at the center should the opportunity arise for the collaboration.

M How many projects are expected to be funded?

Dr. Jackson I get to give you my government response, which is that it's dependent upon the merit of the applications we receive.

M How many centers are there in the country?

Dr. Jackson We haven't done an exact count. It would take a few minutes, but it looks like there are three pages, and Dr. Kozel says there are approximately 120 institutions at which centers were funded.

M I have a question regarding the extent which the proposed project under this program announcement has to overlap with the centers projects? It's

kind of related, but there's a sentence in the program announcement that says it has to be on the same conditions or same diseases. How narrow is that?

Dr. Jackson

Not very narrow because one of the things that I became aware of after writing the program announcement was that many of the institutions funded as minority centers do not necessarily deal with conditions or diseases. Some of them are conducting pre-clinical research. In the criteria section of the program announcement under "Environment," two review criteria are: "Is the applicant taking full advantage of the resources at the associated minority health or health disparities research center?"; and, "Does the application evidence synergy between proposed project and the center's activities?"

On the one hand, you are not required to collaborate, but you are required to have a letter from the center director at the institution and there are review criteria that will be looking at the degree of collaboration between the project and the center at the institution.

M

But it doesn't necessarily have to be the same population. I mean I can be more specific. Our center is on dental disparities and all the major

projects, the main projects in the center look at early childhood cavities.

We were thinking about a proposal on periodontal disease and not in adolescence, necessarily. Clearly, the expertise in the center also covers periodontal disease.

Dr. Jackson So the question is –

M Whether it would be okay to broaden – to leave cavities in adolescence and broaden the scope.

Dr. Jackson Yes, we were aware that the dental institute has funded centers for health disparities and so the answer to your question is yes.

Other questions?

M. Sussman Yes, this is Mark Sussman. I have a question. If we're funded in one area, we're a center that's funded, say, in cardiology, but we also have a program in say chronic pain that we're using CAM and want to do some research in that. Would that be too far or broad of a scope?

Dr. Jackson You would still need to have a letter from the center director, and I have to refer you to the review criteria where one of the components of environment will be the degree to which the resources of a center are being utilized. I would say that it is probably not too broad of a scope to be considered responsive to the program announcement, but the question of proximity to the funded center might compromise the competitiveness of the application.

M. Sussman I don't understand. Do you mean far apart or close by.

Dr. Jackson Because the review criteria under environment specifically talk about synergy between the proposed project and the center's activities and taking advantage of the resources of the associated minority health or health disparities research center, the farther you are from the activities of the center, I think the lower your score might be. That distance from the focus of the center might be reflected in the overall score of the review.

I have about two minutes left. Are there other questions?

Dr. Pearson I have a question. I'm Dr. Pearson from Orlando, Florida. I wanted some clarification in how we categorize the minority health or health disparity

research centers, and are scorings given to the centers based on their makeup of minority groups?

Dr. Jackson I'm not sure I understand the question. The question I thought I heard was if applications to this solicitation will get different considerations depending upon the minority group that's the focus of the centers at the institution that's submitting the application?

Dr. Pearson Right. To be more specific, I wanted to know – I was surprised when you answered that there was 120 minority or health disparity related research centers. I didn't think that there were that many, so I wondered what was the categorization or characterization for those centers?

Dr. Jackson The short answer is that using the NIH database, we identified all the solicitations that had funded research project grants as well as administrative cores and identified those as being from a solicitation dealing with minority health or health disparities and then from those PAs and RFAs, identified the institutions that had received grants, and from that, we developed this list that we're estimating to be about 120.

Time is almost up; there are a couple of points I wanted to make. I had skipped over the general grantsmanship points. I want to emphasize that NCCAM in general is interested more in hypotheses-driven research than descriptive research, so it is very important that the applications have specific aims as well as hypotheses. It is very useful for the application to match the methods to be used as well as the analyses to be undertaken to the individual hypotheses as well as the aims.

It's important for the investigator to conduct appropriate background research so that he or she knows what is known about the subject of the application and who in the field is doing what. It's important that the applications not try to reinvent the wheel so that the investigator needs to know the literature. In this regard, you could look at the National Institutes of Health CRISP database as well as the NCCAM Website to see what projects NIH has funded or NCCAM has funded. The CRISP database is searchable. The NCCAM database is not.

In writing the application, it's critical to stay focused. The application is a document of information as well as a document of persuasion. It's important to write clearly and succinctly. The pre-clinical applications are

limited to 15 pages. The clinical applications are limited to 20 pages for the research plan.

Internally, it's useful for you to have your application reviewed by friends, and after you incorporate their comments, if you can get your enemies to review the applications, have them take a look at it as well because the responses that you get from the review committee will be more consistent with what your enemies will be willing to tell you than what your friends will be willing to tell you.

In terms of the budget, it's important that even though this is a modular budget, you provide cogent justification for all of the items and activities to be included. One thing that's frequently not described in the applications is alternative approaches that might be used if what is proposed doesn't work. If, for whatever reason, what is proposed does not work out, how will you do it?

We are over time at this point. I'm hoping that the transcriber got these last few comments. I thank you all for participating in the conference call. We will be posting a transcript to the Website, and my contact information

is in the program announcement. We'll be happy to answer further questions offline should you have them. Good luck.